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Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the: WESTERN DIST. OF PENNSYLVANIA		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your Jamie government-issued picture First Name First Name identification (for example, your driver's license or Middle Name Middle Name passport). Johnson Bring your picture Last Name Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name vears Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of xxx - xx - 6 1 4 2 your Social Security number or federal OR OR **Individual Taxpayer** Identification number 9xx - xx - ____ ____ 9xx - xx - ____ ___

(ITIN)

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Del	btor 1 Jamie L. Johnson		Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
	Any business names and Employer	✓ I have not used any business name	es or EINs.
	Identification Numbers (EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and	Business name	Business name
	doing business as names	Business name	Business name
		EIN	
		EIN — — — — — —	_
5.	Where you live		If Debtor 2 lives at a different address:
		1007 Hancock Avenue Number Street	Number Street
		Vandergrift PA 1569	
		City State ZIP Co Westmoreland	Code City State ZIP Code
		County	County
		If your mailing address is different fro the one above, fill it in here. Note that court will send any notices to you at this mailing address.	the from yours, fill it in here. Note that the court
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Co	Code City State ZIP Code
6.	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing petition, I have lived in this district lithan in any other district.	
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
P	Part 2: Tell the Court Al	bout Your Bankruptcy Case	
7.	The chapter of the Bankruptcy Code you are choosing to file		ch, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing the top of page 1 and check the appropriate box.
	under	Chapter 7	
		Chapter 11	
		Chapter 12	
		Chapter 13	

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otor 1 Jamie L. Johnson	1	Case number (if known)				
How you will pay the fee	cou pay	rt for more details about how you i with cash, cashier's check, or mo	may pay. Typically, if you are ney order. If your attorney is	e paying the fee yourself, you may submitting your payment on your		
			-			
	By I thar fee	aw, a judge may, but is not require n 150% of the official poverty line t in installments). If you choose thi	ed to, waive your fee, and ma that applies to your family siz s option, you must fill out the	ay do so only if your income is less te and you are unable to pay the Application to Have the Chapter 7		
Have you filed for	☑ No					
bankruptcy within the last 8 years?	☐ Yes	i.				
	District		When	Case number		
			MM / DD / Y	YYY		
	District _			Case number		
	District _			Case number		
Are any bankruptcy	☑ No					
cases pending or being filed by a spouse who is	☐ Yes	i.				
not filing this case with	— Debtor		Relati	onship to you		
you, or by a business partner, or by an	District			Case number,		
affiliate?				YYY if known		
	Debtor		Relati	onship to you		
	District		When	Case number,		
			MM / DD / Y	YYY if known		
Do you rent your	لخا					
residence?	☐ Yes	. Has your landlord obtained an	eviction judgment against yo	u?		
		No. Go to line 12.				
		—	•	nent Against You (Form 101A)		
	Have you filed for bankruptcy within the last 8 years? Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	How you will pay the fee I wi cou pay beh	How you will pay the fee	How you will pay the fee I will pay the entire fee when I file my petition. Please check we court for more details about how you may pay. Typically, if you are pay with cash, cashier's check, or money order. If your attorney is behalf, your attorney may pay with a credit card or check with a property of the pay the fee in installments. If you choose this option, and individuals to Pay The Filing Fee in Installments (Official Form 103 by law, a judge may, but is not required to, waive your fee, and me than 150% of the official poverty line that applies to your family size fee in Installments). If you choose this option, on must fill out the Filing Fee Waived (Official Form 103B) and file it with your petition. No		

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Deb	otor 1 Jamie L. Johnson				Case number	(if known)		
P	art 3: Report About A	ny B	usine	sses You Own as a	a Sole Proprietor			
12.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4. Name and location of b	usiness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any Number Street				
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			Health Care Busi Single Asset Rea Stockbroker (as c	box to describe your business ness (as defined in 11 U.S.C. I Estate (as defined in 11 U.S. defined in 11 U.S.C. § 101(53A er (as defined in 11 U.S.C. § 1 e	§ 101(27A)) .C. § 101(51B)	ZIP Co	ode
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business</i> <i>debtor</i> or a debtor as defined by 11 U.S.C. § 1182(1)?	cho are mo or i	oosing a sma st rece	to proceed under Subch ill business debtor or you int balance sheet, statem	the court must know whether apter V so that it can set approunce are choosing to proceed undent of operations, cash-flow so texist, follow the procedure in	opriate deadlir er Subchapter tatement, and	nes. If you r V, you m I federal in	u indicate that you ust attach your ncome tax return
	For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	•	ter 11, but I am NOT a small b	usiness debto	or accordir	ng to the definition in
			Yes.		ter 11, I am a small business of I do not choose to proceed ur		-	
			Yes.	•	ter 11, I am a debtor accordino I choose to proceed under Su	•	•	` '
P	art 4: Report If You C	wn o	r Hav	e Any Hazardous F	Property or Any Proper	ty That Nee	eds Imn	nediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		No Yes.	What is the hazard?				
	safety? Or do you own any property that needs immediate attention?			If immediate attention	is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	Number Street			
					City		State	ZID Code
					City		State	ZIP Code

Debtor 1 Jamie L. Johnson Case number (if known)

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:					
☐ Incapacity.	I have a mental illness or a mental				

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

] I am	not	require	d to	receive	a	brieting	about
				ecause			

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 21-21561-CMB Doc 1 Filed 07/07/21 Entered 07/07/21 14:03:16 Desc Main Document Page 6 of 64

Debtor 1 Jamie L		Jamie L. Johnson		Case number (if known)					
P	art 6:	Answer These C	uest	ions for Reporting P	urpos	es			
16. What I have?		nd of debts do you	16a.		vidual pr o.	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."	
				Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17.					
			16c.	State the type of debts	you owe	e that are not consumer or bu	sines	s debts.	
17.	Are you Chapte	ı filing under r 7?		No. I am not filing under	er Chap	ter 7. Go to line 18.			
	any exe exclude adminis are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution cured creditors?		· ·	•	•	•	xempt property is excluded and to distribute to unsecured creditors?	
18.		any creditors do imate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		uch do you e your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		uch do you e your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	

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Debtor 1	Jamie L. Johnson		Case number (if known)				
Part 7:	Sign Below						
For you		I have examined this petition, and I declar and correct.	e under penalty of perjury that the information provided is true				
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		<u> </u>	oncealing property, or obtaining money or property by fraud in sult in fines up to \$250,000, or imprisonment for up to 20 years, and 3571.				
		X /s/ Jamie L. Johnson Jamie L. Johnson, Debtor 1	XSignature of Debtor 2				
		Executed on 07/01/2021 MM / DD / YYYY	Executed on				

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Debtor 1	Jamie L. Johnson	Case number (if known)						
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.						
		X /s/ Gino F. Peluso, Esq. Signature of Attorney for Debtor Date 07/01/2021 MM / DD / YYYY						
		Gino F. Peluso, Esq. Printed name Gino F. Peluso, Attorney At Law Firm Name One Peluso Place - Suite A Number Street 2692 Leechburg Road						
		Lower BurrellPA15068CityStateZIP Code						
		Contact phone (724) 339-8710 Email address gp@attorneypeluso.com						
		33740 PA State						

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Fill in this informat	ion to identify y	our case and this filing:			
Debtor 1 Jamie First Na		Johnson Name Last Name			
Debtor 2	me made	: Name Last Name			
(Spouse, if filing) First Na	ime Middle	Name Last Name			
United States Bankruptcy	y Court for the: WES	STERN DIST. OF PENNSYLVANIA			
Case number (if known)			_	if this is an led filing	
Official Form 106	4/B				
Schedule A/B: Pr				12/15	
1. Do you own or have	any legal or equital	e, Building, Land, or Other Real Estimates to the interest in any residence, building, lan		an Interest In	
No. Go to Part 2. ✓ Yes. Where is the property? 1.1. 1007 Hancock Avenue		What is the property? Check all that apply. ✓ Single-family home	Do not deduct secured claims or exemptions. Put th amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		
Street address, if available, or o	uloi 2000.pa.	☐ Single-family nome ☐ Duplex or multi-unit building ☐ Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?	
	PA 15690	Manufactured or mobile home	\$65,000.00	\$65,000.00	
City State ZIP Code Westmoreland County		☐ Land ☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
•	Vandorgrift BA	Who has an interest in the property?	Sole Ownership		
1007 Hancock Avenue, Vandergrift, PA 15690		Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is community property (see instructions)		
		Other information you wish to add about property identification number:	t this item, such as local	_	
	•	own for all of your entries from Part 1, inc Part 1. Write that number here		\$65,000.00	

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Debt	tor 1	Jamie L. Jol	nnson	Ca	se number (if known)			
Pa	ırt 2:	Describe	Your Vehicles					
-			•	e interest in any vehicles, whether they are a vehicle, also report it on Schedule G: Exe	_	-		
3.	Cars, va	ans, trucks, tra	actors, sport utility	y vehicles, motorcycles				
	□ No ✓ Yes	S						
Othe 201	el: roximate er informa 6 Toyot Waterci	ta Camry raft, aircraft, m	nry 6 notor homes, ATVs	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) and other recreational vehicles, other vehicles watercraft, fishing vessels, snowmobiles, recreations.	amount of any secured cla Creditors Who Have Claim Current value of the entire property? \$14,975.00 hicles, and accessories			
5.		e dollar value o		own for all of your entries from Part 2, incl		\$14,975.00		
Pa	entries	•		Part 2. Write that number hereand Household Items				
				nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.		
6.	Example	nold goods and es: Major appli	-	nens, china, kitchenware				
	☐ No ✓ Yes	s. Describe	Household goo	ds and furnishings		\$1,000.00		
7.	Electron Example No	es: Televisions		video, stereo, and digital equipment; compulevices including cell phones, cameras, medi		_		
	<u> </u>	s. Describe						
8.	Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles							
	✓ No ☐ Yes	s. Describe]		
9.			otographic, exercise	e, and other hobby equipment; bicycles, pool tools; musical instruments	tables, golf clubs, skis;			
	✓ No ☐ Yes	s. Describe]		

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Deb	tor 1	Jamie L. Jol	hnson	Case number (if known)	
10.			es, shotguns, a	ammunition, and related equipment	
	✓ No ☐ Yes.	Describe			
11.	Clothes Examples	s: Everyday c	clothes, furs, le	ather coats, designer wear, shoes, accessories	
	□ No ▼ Yes.	Describe	Everyday W	/earing Apparel	\$700.00
12.	Jewelry Examples	s: Everyday jo gold, silver		e jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	✓ No ☐ Yes.	Describe			
13.	Non-farm Examples		, birds, horses		
	ب	Describe			
14.	Any othe	-	nd household	items you did not already list, including any health aids you	
		Give specific			
15.				ntries from Part 3, including any entries for pages you have	\$1,700.00
Pá	art 4:		Your Finan	•	
Doy	ou own c	or have any le	egal or equital	ole interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples	s: Money you petition	have in your w	vallet, in your home, in a safe deposit box, and on hand when you file your	
	✓ No ☐ Yes			Cash:	
17.			houses, and ot	er financial accounts; certificates of deposit; shares in credit unions, ther similar institutions. If you have multiple accounts with the same	
	□ No ☑ Yes			Institution name:	
	17.1	. Checking	account:	PNC Bank Checking account	\$325.00

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Deb	tor 1 Jamie L. Johnso	n	Case number (if known)	
18.	Bonds, mutual funds, or p	ublicly traded stocks estment accounts with brokerage	firms, manay market accounts	
	☑ No	•	minis, money market accounts	
19.	Non-publicly traded stock	<u>-</u>	and unincorporated businesses, including	
	an interest in an LLC, part ✓ No ☐ Yes. Give specific information about them	Name of entity:	% of ownership:	
20.	Government and corporate Negotiable instruments included	e bonds and other negotiable and other personal checks, cashiers' ch	nnd non-negotiable instruments hecks, promissory notes, and money orders. someone by signing or delivering them.	
	✓ No Yes. Give specific information about them	Issuer name:		
21.	profit-sharing pla	ERISA, Keogh, 401(k), 403(b), th	hrift savings accounts, or other pension or	
	✓ No Yes. List each account separately. T	ype of account: Institution	name:	
22.		posits you have made so that you	u may continue service or use from a company itilities (electric, gas, water), telecommunications	
	✓ No ✓ Yes	Institution par	ne or individual:	
23.	_		ney to you, either for life or for a number of years)	
	☑ No	Issuer name and description:		
24.	26 U.S.C. §§ 530(b)(1), 529		I ABLE program, or under a qualified state tuition pro	ogram.
	✓ No ☐ Yes	Institution name and description	. Separately file the records of any interests. 11 U.S.C.	§ 521(c)
25.	Trusts, equitable or future powers exercisable for yo		an anything listed in line 1), and rights or	
	✓ NoYes. Give specific information about them			
26.		marks, trade secrets, and other names, websites, proceeds from	r intellectual property; royalties and licensing agreements	
	✓ No✓ Yes. Give specific information about them			
27.	Licenses, franchises, and Examples: Building permits	•	association holdings, liquor licenses, professional licen	ses
	☑ No			1
	Yes. Give specific information about them			

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Deb	tor 1	Jamie L. Johnson	Case number (if known))	
Mon	ey or pro	operty owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	ınds owed to you			
	abou you	Give specific information at them, including whether already filed the returns the tax years		Federal State: Local:	:
29.	Family s		limony, spousal support, child support, maintenance, divorce settlement	t, property	settlement
	✓ No	Give specific information	Alimony:		
		Ove specific information			
			Maintenar	ice.	
			Support:		
			Property s	ettlement	<u> </u>
30.			u insurance payments, disability benefits, sick pay, vacation pay, workers ecurity benefits; unpaid loans you made to someone else	s'	
	Yes	Give specific information			
31.	Example No Yes.	Name the insurance pany of each policy	insurance; health savings account (HSA); credit, homeowner's, or rente ompany name: Beneficiary:		nce rrender or refund value:
32.	If you are		e you from someone who has died trust, expect proceeds from a life insurance policy, or are currently someone has died		
	✓ No ☐ Yes.	Give specific information			
33.	Example	-	her or not you have filed a lawsuit or made a demand for payment disputes, insurance claims, or rights to sue		
	✓ No ☐ Yes.	Describe each claim			
34.	rights to	ontingent and unliquidated set off claims	I claims of every nature, including counterclaims of the debtor and		
	✓ No ☐ Yes.	Describe each claim			
35.	Any fina	ıncial assets you did not a	lready list		
	☑ No □ Yes.	Give specific information			

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Deb	otor 1	Jamie L. Johnson	'n	Case number (if known)	
36.			of your entries from Part 4, including a that number here		\$325.00
Pa	art 5:	Describe Any Bı	usiness-Related Property You C	Own or Have an Interest In. List any	real estate in Part 1.
37.	Do you	own or have any le	egal or equitable interest in any busines	ss-related property?	
		Go to Part 6. Go to line 38.			
38	Δεςοιμ	nts receivable or co	ommissions you already earned		Current value of the portion you own? Do not deduct secured claims or exemptions.
· ·		10001742.0 0. 55.	mmissions you unday dames		
	✓ No ☐ Yes	s. Describe]
39.		equipment, furnishin les: Business-related desks, chairs, ele	d computers, software, modems, printers,	copiers, fax machines, rugs, telephones,	T
	✓ No ☐ Yes	s. Describe]
40.	Machin	ery, fixtures, equipr	ment, supplies you use in business, an	d tools of your trade	
	✓ No ☐ Yes	s. Describe]
41.	Invento	 ory	_	_	J
	✓ No ☐ Yes	s. Describe]
42.	Interes	ts in partnerships or	or joint ventures		-
	✓ No ☐ Yes	s. Describe Name	ne of entity:	% of ownership:	
43.	Custon	ner lists, mailing list	ts, or other compilations		
	▼ No Yes	s. Do your lists inclu No Yes. Describe	lude personally identifiable information	ı (as defined in 11 U.S.C. § 101(41A))?]
44.	Any bu	siness-related prop	perty you did not already list		-
	☑ No	s. Give specific inforr			
45.			of your entries from Part 5, including a that number here		\$0.00

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Debtor 1		Jamie L. Johnson	Case number (if known)		
P		Describe Any Farm- and Commercial Fishing-Related Prop If you own or have an interest in farmland, list it in Part 1.	perty You Own or Have an Interest In.		
46.	Do you	u own or have any legal or equitable interest in any farm- or commercial	fishing-related property?		
		o. Go to Part 7. es. Go to line 47.			
			Current value of the portion you own? Do not deduct secured claims or exemptions.		
47.	Farm a Example	animals oles: Livestock, poultry, farm-raised fish			
	✓ No				
	☐ Yes	S			
48.	Crops-	either growing or harvested			
		es. Give specific formation			
49.	Farm a	and fishing equipment, implements, machinery, fixtures, and tools of trac	de		
	✓ No ☐ Yes				
50.	Farm a	and fishing supplies, chemicals, and feed			
	✓ No ☐ Yes				
51.	Any fai	rm- and commercial fishing-related property you did not already list	-		
		es. Give specific formation			
52.		ne dollar value of all of your entries from Part 6, including any entries for ed for Part 6. Write that number here			
P	art 7:	Describe All Property You Own or Have an Interest in That	You Did Not List Above		
53.	-	u have other property of any kind you did not already list? oles: Season tickets, country club membership			
	✓ No	es. Give specific information.			
54.	Add the	ne dollar value of all of your entries from Part 7. Write that number here	\$0.00		

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Debtor 1	Jamie L. Johnson	Case nu	umber (if known)	
Part 8:	List the Totals of Each Part of this Form			
55. Part 1	: Total real estate, line 2			\$65,000.00
56. Part 2	: Total vehicles, line 5	\$14,975.00		
57. Part 3	: Total personal and household items, line 15	\$1,700.00		
58. Part 4	: Total financial assets, line 36	\$325.00		
59. Part 5	: Total business-related property, line 45	\$0.00		
60. Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61. Part 7	: Total other property not listed, line 54	+\$0.00		
62. Total į	personal property. Add lines 56 through 61	\$17,000.00	Copy personal property total	+ \$17,000.00
63. Total	of all property on Schedule A/B. Add line 55 + line 62.			\$82,000.00

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Fill in this inf	ormation to id	entify your	case:				
Debtor 1	Jamie	L.	Johnson				
Debtor 2	First Name	Middle Name	e Last Name				
(Spouse, if filing)	First Name	Middle Name	e Last Name				
United States Bar	nkruptcy Court for	the: WESTER	N DIST. OF PENNS	SYL\	/ANIA	☐ Check if this is an	
Case number (if known)						amended filing	
Official Form	106C						
Schedule C:	The Prope	rty You Cl	aim as Exemp	ot			04/19
Using the property	you listed on <i>Sche</i> Il out and attach to	edule A/B: Prope this page as m	erty (Official Form 106	3A/B)	as your source, list t	responsible for supplying correct inf he property that you claim as exemp essary. On the top of any additiona	t. If more
is to state a specific exempted up to the receive certain be exemption of 100% property is determined.	fic dollar amount e amount of any a nefits, and tax-ex of fair market va nined to exceed the	as exempt. All applicable stat empt retiremer alue under a la nat amount, yo	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe ur exemption would	clair emp imite mpti	n the full fair market tionssuch as those d in dollar amount. on to a particular do	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an llar amount and the value of the ble statutory amount.	
Fait I. Ide	nully the Prope	erty fou Gia	nim as Exempt				
	exemptions are y	•	•		if your spouse is filing	g with you.	
	claiming state and claiming federal ex		kruptcy exemptions.	11 U.	S.C. § 522(b)(3)		
_					"!!! !:- 4! !:- 6 4!	Labora	
2. For any prop	erty you list on So	chedule A/B th	at you claim as exen	npt, 1	ill in the information	i below.	
Brief description of Schedule A/B that			Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemp	otion
			Copy the value from Schedule A/B		eck only one box for h exemption		
Brief description:			\$65,000.00	$\overline{\mathbf{Q}}$	\$24,984.00	11 U.S.C. § 522(d)(1)	
1007 Hancock A	venue, Vanderg	ırift, PA	400,000.00		100% of fair market	_ 11 0.0.0. 3 022(0)(1)	
15690 Line from <i>Schedule</i>	e A/B: 1.1				value, up to any applicable statutory limit		
Brief description:			\$14,975.00	V	\$557.27	11 U.S.C. § 522(d)(2)	
2016 Toyota Car Line from Schedule					100% of fair market value, up to any applicable statutory limit		
•	•	-	more than \$170,350? /ears after that for cas		ed on or after the dat	e of adjustment)	
	,			111		y <i>-</i>	
<u> </u>		operty covered	I by the exemption with	hin 1	.215 days before you	filed this case?	

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Debtor 1	Jamie L. Johnson		Case number	r (if known)
Part 2:	Additional Page			
	ription of the property and line on A/B that lists this property	Current value of the portion you own	 ount of the mption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	eck only one box for h exemption	
	ption: d goods and furnishings chedule A/B:6	\$1,000.00	\$1,000.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
	ption: Wearing Apparel chedule A/B:11	\$700.00	\$700.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
	ption: c Checking account chedule A/B:17.1	\$325.00	\$325.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

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Fill in this info	overation to identi	fy your coor					
Debtor 1	ormation to identi Jamie		ohnson				
	First Name	Middle Name La	ast Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name La	ast Name				
United States Bar	nkruptcy Court for the:	WESTERN DIST. OF	PENNSYLVAN	IIA_			
Case number (if known)					Check if this is amended filing		
Official Form	106D						
		o Have Claims	Secured by	Property		12/15	
correct information On the top of any a 1. Do any credite No. Chec Yes. Fill Part 1: List 2. List all secure claim, list the correditor has a	No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims						
2.1		Describe the prope	erty that	value of collateral \$14,417.73	\$14,975.00	If any	
Exeter		secures the claim:		ψ14,417.73	Ψ14,973.00		
Creditor's name PO Box 650598 Number Street		 2016 Toyota Cam As of the date you Contingent 		Check all that apply.			
Dallas TX 75265 City State ZIP Code Disputed Who owes the debt? Check one. Who obstraction 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)							
Date debt was incu	urred	Last 4 digits of acc	ount number	7 5 6 4			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$14,417.73

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Debtor 1	Jamie L. Johnson		_ Case number (if	known)	
Additional Page Part 1: After listing any entries on sequentially from the previous			Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Mr. Coope Creditor's nam PO Box 60 Number Str	e	Describe the property that secures the claim: 1007 Hancock Avenue, Vandergrift, PA 15690	\$35,076.00	\$65,000.00	
Debtor 1 Debtor 2 Debtor 1 At least Check in	State ZIP Code he debt? Check one. only	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) First Mortgage	mortgage or secured	car loan)	
Date debt w	as incurred	Last 4 digits of account number Describe the property that secures the claim:	\$4,940.00	\$65,000.00	
SPS Creditor's nam PO Box 65 Number Str		1007 Hancock Avenue, Vandergrift, PA 15690			
Debtor 1 Debtor 2 Debtor 1 Debtor 1 At least Check it	State ZIP Code the debt? Check one. only only and Debtor 2 only one of the debtors and another f this claim relates nmunity debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, med Judgment lien from a lawsuit Other (including a right to offset) Second Mortgage	mortgage or secured	car loan)	
Date debt w	as incurred	Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$40,016.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$54,433.73

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G) Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Proper If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.					•		
Debtor 2 Check if this is an amended filing Frat Name Middle Name Last Name Last Name Last Name United States Bankruptcy Court for the: WESTERN DIST. OF PENNSYLVANIA Case number (if known) Check if this is an amended filing Check if this case Check	Fill in this inf	ormation to i	dentify your ca	ase:			
Debtor 2 Check if this is an amended filing First Name Middle Name Last Name L	Debtor 1	.lamie	1	Johnson			
Case number (if kind) First Name Middle Name Last Name Last Name United States Bankruptcy Court for the: WESTERN DIST. OF PENNSYLVANIA Case number (if known) Check if this is an amended filing Check if this is an	Dobtor 1		Middle Name				
Case number (if kind) First Name Middle Name Last Name Last Name United States Bankruptcy Court for the: WESTERN DIST. OF PENNSYLVANIA Case number (if known) Check if this is an amended filing Check if this is an	Dobtor 2						
United States Bankruptcy Court for the: WESTERN DIST. OF PENNSYLVANIA Case number (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/ Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRORITY claims. List the other party to any executory contracts or unexpired classes that could result in a claim. Also list executory contracts on Schedule B/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106B/D) on on Include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Propert form create page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that c		First Name	Middle Name	Last Name			
Case number (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/ Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedula AB: Property (Official Form 164AB) and on Schedula AB: Executory Contracts and Unexpired asses (Official Form 165D on to Include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Proper if more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (If known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, Identify what type of claim it is. If a claim has both priority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority As of the date you file, the claim is: Check all that apply. Contingent Contingent Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Contingent Debtor 1 and Debtor 2 only All claims for death or personal injury while you were intox	(=p====,g)						
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/ Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on the continuation on the interest of the creditors with partially secured claims that are listed in Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule B/B: Creditors Who Hold Claims Secured by Propert If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (If known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Debtor 1 only Debtor 1 and Debtor 2 only Contingent Contingent Contingent Contingent Contingent Contingent Contingent	United States Bar	nkruptcy Court fo	r the: WESTERN	DIST. OF PENNSYLVANIA			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/ Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on the continuation on the interest of the creditors with partially secured claims that are listed in Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule B/B: Creditors Who Hold Claims Secured by Propert If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (If known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Debtor 1 only Debtor 1 and Debtor 2 only Contingent Contingent Contingent Contingent Contingent Contingent Contingent	Coop number						
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/I Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) on not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Proper If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim isled, identify what type of claim it is. If a claim has both priority an onopriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list the creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Priority Creditor's Name Who was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Who incurred the debt? As of the date you file, the claim is: Check all that apply. Contingent Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Other. Specify Other. Specify	-	-					an
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Continuation Page of Claim, list the Calim Issue Claim Issue	,					amended filing	
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Continuation Page of Claim, list the Calim Issue Claim Issue	Official Form	106F/F					
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A) on to include any creditors with partially secured claims that are listed in Schedule D: Creditors More Motel Claims Secured by Propert If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority Manount Money Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Aleast one of the debtors and another Check if this claim is for a community debt Takes and certain other debts you owe the government claims for death or personal injury while you were intoxicated Other. Specify			s Who Have	Unsecured Claims			12/15
claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A) not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Proper if more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.		i . Orcaitoi	3 Willo Have				12/10
No. Go to Part 2. Yes.	If more space is n to this page. On t	eeded, copy the	Part you need, fil Iditional pages, wi	l it out, number the entries in the rite your name and case number	boxes on the left. At		
No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority Nonpriority amount 2.1 Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Disputed Disputed Disputed Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?							
Z. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount 2.1 Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	 Do any credit 	tors have priorit	y unsecured claim	ns against you?			
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Number Street When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Is the claim subject to offset?	₩ No. Go t	o Part 2.					
claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonpriority Nonpr	☐ Yes.						
Priority Creditor's Name Last 4 digits of account number	claim. For ear show both pric more space is claim, list the	ch claim listed, ic prity and nonprior needed for prior other creditors in	lentify what type of ity amounts. As m ity unsecured claim Part 3.	claim it is. If a claim has both prior uch as possible, list the claims in a ns, fill out the Continuation Page of	rity and nonpriority amo lphabetical order accor Part 1. If more than or truction booklet.	ounts, list that cla rding to the credit ne creditor holds Priority	im here and cor's name. If a particular
Priority Creditor's Name Number Street Street When was the debt incurred?						amount	amount
When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Tontingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	2.1						
When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Tontingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify				Last 4 digits of account number			-
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Tontingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	Priority Creditor's Nam	е		Last 4 digits of account number			
Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Intoxicated Other. Specify Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	Number Street			When was the debt incurred?		_	
Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Intoxicated Other. Specify Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify				As of the date you file the claim	is: Check all that ann	lv	
Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Intoxicated Other. Specify Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify					ioi oncon an mar app	.,.	
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify							
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt In the claim subject to offset? Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	Citv	State	ZIP Code	Disputed			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	•			Type of PRIORITY unsecured cla	aim:		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify		351		• •			
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ Other. Specify	Debtor 2 only				you owe the governme	ent	
Check if this claim is for a community debt Other. Specify Is the claim subject to offset?	Debtor 1 and D	•					
Ls the claim subject to offset?							
·.	_		nmunity debt	Other. Specify			
□ No		ct to offset?					
□ Yes	ш						

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Debtor 1	Jamie L. Johnson	Case number (if known)	
Part 2:	List All of Your NONPRIORIT	TY Unsecured Claims	
-	•	d claims against you? t. Submit this form to the court with your other schedules.	
If a cre- type of	ditor has more than one nonpriority unseclaim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. Ecured claim, list the creditor separately for each claim. For each claim listed, ide cluded in Part 1. If more than one creditor holds a particular claim, list the other cl unsecured claims, fill out the Continuation Page of Part 2.	•
			Total claim
4.1	Haalila Naturada	Local Addinite of concent number 0 7 0 0	\$179.00
Nonpriority Cre		Last 4 digits of account number0702 When was the debt incurred?	
	Collections Street	As of the date you file, the claim is: Check all that apply.	
PO Box 62	250	_ ☐ Contingent ☐ Unliquidated	
Madison	WI 53716	Disputed	
City Who incurre Debtor 2 Debtor 2 Debtor 3 Debtor 3 Check i	•	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	
4.2			\$2,300.40
Nonpriority Cre c/o D&A S Number		Last 4 digits of account number 7 9 4 0 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent	
Des Plaine City Who incurre Debtor 2 Debtor 3 Debtor 4 Least Check i Is the claim	es IL 60018 State ZIP Code ed the debt? Check one. 1 only	Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Consumer Debt	
☑ No □ Yes			

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$2,300.40
Barclays Bank Delaware	Last 4 digits of account number	
Nonpriority Creditor's Name c/o D&A Services	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
1400 E. Touhy Ave Ste G2	Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Des Plaines IL 60018		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations crising out of a congretion agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Consumer Debt	
Is the claim subject to offset? ✓ No		
Yes		
4.4		\$610.42
Capital One Nonpriority Creditor's Name	Last 4 digits of account number9162	
c/o Credit Control LLC	When was the debt incurred?	
Number Street PO Box 546	As of the date you file, the claim is: Check all that apply.	
10 80% 940	Contingent Unliquidated	
	Disputed	
Hazelwood MO 63042 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Consumer Debt	
Is the claim subject to offset?		
☑ No		
Yes		

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.5		\$7,039.62
Capital One Bank	Last 4 digits of account number 9 0 9 4	
Nonpriority Creditor's Name c/oPortfolio Recovery	When was the debt incurred?	
Number Street PO Box 12914	As of the date you file, the claim is: Check all that apply.	
Norfolk VA 23541	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	✓ Other. Specify Consumer Debt	
Is the claim subject to offset?	Consumer Dest	
☑ No		
Yes		
4.6		\$505.18
Capital One/Maurices	Last 4 digits of account number4534_	
Nonpriority Creditor's Name c/o Midland Credit Management	When was the debt incurred?	
Number Street 350 Camino De La Reina-Suite 100	As of the date you file, the claim is: Check all that apply.	
ooo oummo be tu rema-oute 100	Contingent Unliquidated	
San Diego CA 92108	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Consumer Debt	
Is the claim subject to offset?	Consumer Dept	
✓ No		
Yes		

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.7		\$8,387.63
Chrysler Capital	Last 4 digits of account number 1 0 0 0	
Nonpriority Creditor's Name c/o Plaza Services LLC	When was the debt incurred?	
Number Street 110 Hammond Drive - Ste 110	 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 	
Atlanta GA 30328	Disputed	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes 4.8 Citibank/Macy's Nonpriority Creditor's Name c/o Cavalry SPV 1 LLC	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Automobile Deficiency Last 4 digits of account number 0 4 1 9 When was the debt incurred?	\$1,566.51
Number Street 500 Summit Lake Drive-Ste 400	 As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed 	
Valhalla NY 10595 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer Debt	

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$630.94
Credit One Bank	Last 4 digits of account number 8 4 5 9	· .
Nonpriority Creditor's Name c/o Midland Credit Management	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Po Box 301030	_	
	Disputed	
Los Angeles CA 90030 City State ZIP Code	Town of NONDRIGHTY was a sound a lating	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Consumer Debt	
No		
Yes		
4.10		\$925.62
First Premier Bank	Last 4 digits of account number 9 5 8 8	
Nonpriority Creditor's Name	Last 4 digits of account number9588 When was the debt incurred?	
PO Box 5529	As of the date you file, the claim is: Check all that apply.	
Number Street	_ ☐ Contingent	
	Unliquidated	
Sioux Falls SD 57117	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Consumer Debt	
Is the claim subject to offset?		
☑ No		
Yes		

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
4.11		\$52.04
Labratory Corporation of America	Last 4 digits of account number 5 0 3 0	
Nonpriority Creditor's Name c/o Radius Global Solutions	When was the debt incurred?	
Number Street PO box 390915	As of the date you file, the claim is: Check all that apply.	
FO DOX 390913	_	
	Disputed	
Minneapolis MN 55439 City State ZIP Code	Type of NONDDIODITY uppersured eleims	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	✓ Other. Specify Medical Bill	
Is the claim subject to offset?	Medical Bill	
No		
Yes		
4.12		\$2,834.88
Lane Bryant/Comenity Bank	Last 4 digits of account number 1 9 4 6	
Nonpriority Creditor's Name c/o Portfolio Recovery Associates	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 12914	Contingent	
	☐ Unliquidated ☐ Disputed	
Norfolk VA 23541		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a soparation agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Consumer Debt	
Is the claim subject to offset? ✓ No		
✓ No ☐ Yes		

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Debtor 1	Jamie L. Johnson	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	g any entries on this page, number the page.	m sequentially from the	Total claim
4.13			\$1,621.13
	Credit Management	Last 4 digits of account number	
Nonpriority C PO Box 2	reditor's Name	When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent	
		□ Disputed	
Warren	MI 48090		
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor		Student loans	
Debtor		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At leas	t one of the debtors and another	Other. Specify	
☐ Check	if this claim is for a community debt	Consumer Debt	
Is the clair	n subject to offset?		
☑ No			
☐ Yes			
4.14			\$1,597.98
Midland (Credit Management	Last 4 digits of account number	Ψ1,557.50
	reditor's Name	When was the debt incurred?	
PO Box 2			
Number	Street	As of the date you file, the claim is: Check all that apply.	
		Contingent Unliquidated	
		— ☐ Disputed	
Warren	MI 48090 State ZIP Code		
City Who incur	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor		Student loans	
Debtor		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor	1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At leas	t one of the debtors and another	Other. Specify	
☐ Check	if this claim is for a community debt	Consumer Debt	
Is the clair	n subject to offset?		
☑ No			
☐ Yes			

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.15		\$329.09
QVC	Last 4 digits of account number 9 6 8 9	·
Nonpriority Creditor's Name	When was the debt incurred?	
C/o True Accord Corporation Number Street	As of the date you file, the claim is: Check all that apply.	
16011 College Blvd Suite 130	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Lenexa KS 66219		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt ls the claim subject to offset?	Consumer Debt	
No		
Yes		
4.16		\$2,162.79
Sears	Last 4 digits of account number 0 3 7 8	Ψ2,102.79
Nonpriority Creditor's Name	Last 4 digits of account number0378_ When was the debt incurred?	
c/o Citibank NA Number Street	As of the date you file, the claim is: Check all that apply.	
2 Court Square - 8th Floor	_ ☐ Contingent	
	Unliquidated	
Long Island City NY 11101		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☐ Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Consumer Debt	
Is the claim subject to offset?		
✓ No ☐ Yes		

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.17		\$829.38
Synchrony Bank Nonpriority Creditor's Name c/o ERC Number Street PO Box 23870	Last 4 digits of account number 9 2 5 6 When was the debt incurred? As of the date you file, the claim is: Check all that apply. ☐ Contingent	
Jacksonville FL 32241	Unliquidated Disputed	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer Debt	
4.18		\$30.00
Transworld Systems Nonpriority Creditor's Name PO Box 15270 Number Street	Last 4 digits of account number 3 1 5 3 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated Disputed	
Wilmington City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer Debt	

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.19		\$264.00
University of Pittsburgh School of Denta	Last 4 digits of account number 6 5 9 4	<u> </u>
Nonpriority Creditor's Name c/o Recvo Solutions	When was the debt incurred?	
Number Street PO Box 2724	As of the date you file, the claim is: Check all that apply.	
10 BOX 2724	Contingent Unliquidated	
Columbus OH 43216	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	✓ Other. Specify Medical Bill	
Is the claim subject to offset?	medical bili	
☑ No		
Yes		
4.20		\$348.55
UPMC	Last 4 digits of account number 5 6 0 3	
Nonpriority Creditor's Name PO Box 371472	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
Pittsburgh PA 15250	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Medical Bill	
Is the claim subject to offset? ✓ No		
Yes		

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.21		\$96.55
UPMC	Last 4 digits of account number 0 2 2 0	·
Nonpriority Creditor's Name c/o Receivables Outsourcing	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 62850	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Baltimore MD 21264		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Medical Bill	
Is the claim subject to offset?		
☑ No		
Yes		
4.22		\$150.00
UPMC East	Last 4 digits of account number 6 3 6 0	
Nonpriority Creditor's Name c/oTransworld Systems	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 15273	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Wilmington DE 19850 City State ZIP Code		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No		
Yes		

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.23		\$96.55
UPMC Health Services	Last 4 digits of account number 5 6 0 3	
Nonpriority Creditor's Name PO Box 371472	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Pittsburgh PA 15250		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☐ Other. Specify	
☐ Check if this claim is for a community debt	Medical Bill	
Is the claim subject to offset?		
▼ No		
Yes		
4.24		\$1,463.81
UPMC Health Services	Last 4 digits of account number 5 6 0 3	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 371472 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
Dittohumb DA 45250	Disputed	
Pittsburgh PA 15250 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Medical Bill	
Is the claim subject to offset?		
No Voo		
Yes		

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.25		\$150.00
UPMC St Margaret Nonpriority Creditor's Name c/o Receivables Outsourcing LLC Number Street PO Box 62850	Last 4 digits of account number 9 2 8 6 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	<u> </u>
Baltimore MD 21264	─	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	
4.26		\$57.48
UPMC St Margaret Nonpriority Creditor's Name c/o Receivables Outsourcing LLC Number Street PO Box	Last 4 digits of account number 9 2 6 8 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Unliquidated Disputed	
Baltimore City State State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.27		\$150.00
UPMC St Margaret	Last 4 digits of account number 9 0 6 9	
Nonpriority Creditor's Name c/o Receivables Outsourcing LLC	When was the debt incurred?	
Number Street PO Box 62850	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Baltimore MD 21264	Disputed	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Medical Bill	
4.28		\$0.00
UPMC St. Margaret	Last 4 digits of account number 5 3 3 7	· ·
Nonpriority Creditor's Name c/o Receivables Outsourcing LLC	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 62850	☐ Contingent ☐ Unliquidated	
	— ☐ Disputed	
Baltimore MD 21264 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Medical Bill	

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Debtor 1 Jamie L. Johnson	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
US Asset Management/Verizon Nonpriority Creditor's Name c/o EOS CCA Number Street PO Box 981002	Last 4 digits of account number 1 8 7 7 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Consumer Debt	Ψ233.12
Boston MA 02298 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ No ☐ Yes		

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Debtor 1	Jamie L. Johnson	Case number (if known)
Part 4:	Add the Amounts for Each Type of Unsecured Claim	

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
ITOIII PAIL I	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 👍	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
nomi uit 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$36,913.67
	6j.	Total. Add lines 6f through 6i.	6j.	\$36,913.67

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Fill in this inf	ormation to ident	tify your case:		
Debtor 1	Jamie First Name	L. Middle Name	Johnson Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	WESTERN DIST.	OF PENNSYLVANIA	
Case number (if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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F	ll in this info	ormation to iden	tify your case:				
De	ebtor 1	Jamie First Name	L. Middle Name	Johnson Last Name			
	ebtor 2 pouse, if filing)	Firet Name	Middle Name	Last Name			
	-						
Ur	nited States Bar	kruptcy Court for the	: WESTERN DIS	T. OF PENNSYLVANIA			
	ase number known)					Check if this is an amended filing	
	ficial Form	106H Your Codebt	ors				12/
	e. On the top o	of any Additional Pa	ges, write your na	r the entries in the boxes on to ame and case number (if known nt case, do not list either spous	vn). Answer every q	_	
	✓ No ☐ Yes	·		·	ŕ		
2.				nity property state or territory New Mexico, Puerto Rico, Texa			
	No. Go to Yes. Did No Yes		spouse, or legal ed	quivalent live with you at the tim	e?		
3.	person shown creditor on Se	n in line 2 again as a	codebtor only if form 106D), <i>Sched</i>	ude your spouse as a codebto that person is a guarantor or o dule E/F (Official Form 106E/F	cosigner. Make sure	you have listed the	

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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i	ill in this inform	ation to ide	ntify your case:					
	Debtor 1	Jamie	L.	Johnson				
		First Name	Middle Name	Last Name			Che	ck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			— —	An amended filing
	United States Bankro	uptcy Court for	the: WESTERN D	IST. OF PENNS	YLVA	NIA	🗆	A supplement showing postpetition
	Case number				_			chapter 13 income as of the following date:
L	(if known)	01						MM / DD / YYYY
_	fficial Form 10							40/45
5	chedule I: You	ur income						12/15
res ind ab yo	sponsible for supply clude information ab out your spouse. If ur name and case n	ring correct in sout your spou more space is	formation. If you are use. If you are separ needed, attach a se vn). Answer every c	e married and not ated and your spo parate sheet to th	filing j ouse is	ointly not f	, and your iling with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your emplor							
	information.	•		Debtor 1				Debtor 2 or non-filing spouse
	If you have more the job, attach a separa	_	mployment status	✓ Employed				☐ Employed
	with information ab additional employe			☐ Not employe	ed			☐ Not employed
		0	ccupation	Hair Stylist				
	Include part-time, s or self-employed w		mployer's name	Super Cuts				
	Occupation may in student or homema applies.	_	mployer's address	1154 Freeport Number Street	Road			Number Street
				Pittsburgh City		PA State	15238 Zip Code	City State Zip Code
		н	ow long employed t	nere? 26 year	s		_	
	Part 2: Give D	otaile Ahou	t Monthly Incom	۵				
Es no	timate monthly inco	ome as of the comes you are separately spouse have m	late you file this formated.	n. If you have noth				, write \$0 in the space. Include your rs for that person on the lines below. If
						For D	ebtor 1	For Debtor 2 or non-filing spouse
2.			ry, and commissions onthly, calculate what		2.		3,744.10	
3.	Estimate and list	monthly overt	me pay.		3. +		\$0.00	
4.	Calculate gross in	ncome. Add li	ne 2 + line 3.		4.		3,744.10	

Official Form 106l Schedule I: Your Income page 1

Deb	tor i Jamie L. Johnson		Case nur	nbe	er (if kno	own)				
			For Debtor 1			tor 2 or	е			
	Copy line 4 here	4.	\$3,744.10	-			_			
5.	List all payroll deductions:									
	5a. Tax, Medicare, and Social Security deductions	5a.	\$602.65							
	5b. Mandatory contributions for retirement plans	5b.	\$0.00							
	5c. Voluntary contributions for retirement plans	5c.	\$0.00							
	5d. Required repayments of retirement fund loans	5d.	\$0.00							
	5e. Insurance	5e.	\$201.15							
	5f. Domestic support obligations	5f.	\$0.00							
	5g. Union dues	5g.	\$0.00							
	5h. Other deductions. Specify: See continuation sheet	5h. +	\$43.57							
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$847.37							
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$2,896.73							
8.	List all other income regularly received:									
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.									
	8b. Interest and dividends	8b.	\$0.00							
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$590.00							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.									
	8d. Unemployment compensation	8d.	\$0.00							
	8e. Social Security	8e.	\$0.00							
	8f. Other government assistance that you regularly receive									
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.									
	Specify:	8f.	\$0.00							
	8g. Pension or retirement income	- 8g.	\$0.00							
	8h. Other monthly income. Specify:	8h. +	\$0.00							
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$590.00							
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,486.73	+[]=		\$3,486	73_
11.	State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your housel friends or relatives.			ır rc	oommat	es, and of	ther			
	Do not include any amounts already included in lines 2-10 or amounts that	ıt are n	ot available to pay	эхр	enses li	sted in So	chec	dule	J.	
	Specify:			_		11.	+			00
12.	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities					12.		_	\$3,486	73
	if it applies.	- and C	.s.a.ii callollodi III	.011	,				nbined nthly inco	ome

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Deb	tor 1	J	lamie L.	Johnson	Case number (if known)
13.	Do y	ou e	xpect an	increase or decrease within the year after you file this form?	
		No.		None.	
		Yes.	Explain:		

Official Form 106l Schedule I: Your Income page 3

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Debtor 1	Jamie L. Johnson		Case nu	mber (if known)	
The Other	- Daywell Dadwations (datails)		For Debtor 1	For Debtor 2 or non-filing spouse	
LST	Payroll Deductions (details)		\$4.33		
Loca	ıl Wage		\$37.01		
PA S	UI		\$2.23		
		Totals	\$43.57		

Official Form 106l Schedule I: Your Income page 4

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Fill in this in	formation to iden	tify your case:		Check if the	nis is:	
Debtor 1	Jamie	 L.	Johnson	_	nended filing	
	First Name	Middle Name	Last Name	_ _	oplement showing	postpetition
Debtor 2	G) First Name	Middle Name	Last Name		ter 13 expenses a ving date:	s of the
(Spouse, if filin	0,		Last Name		9 aa.o.	
	Bankruptcy Court for th	ne: WESTERN DIS	T. OF PENNSYLVANIA	MM /	DD / YYYY	
Case number (if known)						
Official Form	n 106J					
Schedule J:	Your Expens	es				12/1
correct information	on. If more space is	needed, attach anoth nswer every question	eople are filing together, bot er sheet to this form. On the			
. Is this a joint	t case?					
Yes. Do	No Yes. Debtor 2 must	_	-2, Expenses for Separate Ho	usehold of Debto	or 2.	
Do not list De	dependents?	No Yes. Fill out this in for each dependent	Dobtor 1 or Dol		Dependent's age	Does dependen live with you?
Debtor 2.		.e. caen aspenaen	Son		17	□ No
Do not state t names.	the dependents'		Daughter		13	- ☑ Yes □ No - ☑ Yes
						No Yes
						□ No - □ Yes
						No No
expenses of	enses include people other than your dependents?	✓ No ☐ Yes				- ∏ Yes
Part 2: Es	timate Your Ong	oing Monthly Exp	enses			
o report expense	•	ne bankruptcy is filed	ınless you are using this forr I. If this is a supplemental So	• • •	•	
•	•	-	stance if you know the value ncome (Official Form 106l.)	of	Your expens	ses
	•	penses for your resided			4.	\$478.00
If not include	ed in line 4:	-				
4a. Real est	ate taxes				4a	
4b. Property	, homeowner's, or ren	ter's insurance			4b.	
4- 11	naintenance, repair, an	d unkeen eynenses			4c.	
4c. Home m	iairitoriarioo, ropair, ari	a apitoop expenses				

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Deb	tor 1 Jamie L. Johnson	Case number (if known)	
		Your expens	es
5.	Additional mortgage payments for your residence, such as home equity loans	5	\$72.00
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$150.00
	6b. Water, sewer, garbage collection	6b	\$272.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$198.00
	6d. Other. Specify:	6d	
7.	Food and housekeeping supplies	7	\$1,000.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	
10.	Personal care products and services	10.	\$150.00
11.	Medical and dental expenses	11.	\$128.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$275.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$25.00
14.	Charitable contributions and religious donations	14.	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b.	\$132.00
	15c. Vehicle insurance	15c	\$198.00
	15d. Other insurance. Specify:	15d	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	\$398.00
	17b. Car payments for Vehicle 2	17b.	
	17c. Other. Specify:		
	17d. Other. Specify:		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	40	
19.	Other payments you make to support others who do not live with you. Specify:	19.	

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Deb	otor 1	Jamie L. Johnson	Case number (if known)	
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e.	
21.	Other	r. Specify:	21. +	
22.	Calcı	ulate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$3,476.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,476.00
23.	Calcı	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,486.73
	23b.	Copy your monthly expenses from line 22c above.	23b. _	\$3,476.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$10.73
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you fil	e this form?	
		xample, do you expect to finish paying for your car loan within the year or do you expent to increase or decrease because of a modification to the terms of your mortgage	, ,	
	1	No		
		Yes. Explain here: None.		
		None.		

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Fill in this inf	ormation to i	identify your case	:
Debtor 1	Jamie First Name	L. Middle Name	Johnson Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court fo	or the: WESTERN DIS	ST. OF PENNSYLVANIA
Case number (if known)			

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying

cor sch	as complete and accurate as possible. If two married people are filing together, both are equally responsible trect information. Fill out all of your schedules first; then complete the information on this form. If you are filing ledules after you file your original forms, you must fill out a new Summary and check the box at the top of this art 1: Summarize Your Assets	g amended
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	raido er illiar yea eilli
	1a. Copy line 55, Total real estate, from Schedule A/B	\$65,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$17,000.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$82,000.00
Р	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$54,433.73
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$36,913.67
	Your total liabilities	\$91,347.40
Ρ	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,486.73
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$3,476.00

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Debtor 1		Jamie L. Johnson	Case number	number (if known)		
Р	art 4:	Answer These Questions for Administrative and Statistic	cal Record	s		
6.	Are you	u filing for bankruptcy under Chapters 7, 11, or 13?				
	□ No ✓ Ye	 You have nothing to report on this part of the form. Check this box and su 	bmit this form	to the court with your other sched	dules.	
7.	What k	ind of debt do you have?				
	ك	our debts are primarily consumer debts. Consumer debts are those "incur mily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statis	•			
		our debts are not primarily consumer debts. You have nothing to report or s form to the court with your other schedules.	n this part of tl	he form. Check this box and subr	mit	
8.		he Statement of Your Current Monthly Income: Copy your total current more form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	onthly income	from\$	3,015.83	
9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:						
				Total claim		
	From P	Part 4 on Schedule E/F, copy the following:				
	9a. Do	omestic support obligations. (Copy line 6a.)	-	\$0.00		
	9b. Ta	ixes and certain other debts you owe the government. (Copy line 6b.)	-	\$0.00		
	9c. Cla	aims for death or personal injury while you were intoxicated. (Copy line 6c.)	-	\$0.00		
	9d. St	udent loans. (Copy line 6f.)	-	\$0.00		
		oligations arising out of a separation agreement or divorce that you did not re ority claims. (Copy line 6g.)	port as	\$0.00		
	9f. De	ebts to pension or profit-sharing plans, and other similar debts. (Copy line 6h	.) +	\$0.00		

9g. Total. Add lines 9a through 9f.

\$0.00

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				•
Fill in this inf	ormation to	dentify your case	: :	
Debtor 1	Jamie	L.	Johnson	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	or the: WESTERN DI	ST. OF PENNSYLVANIA	
Case number				Charle White is an
(if known)				☐ Check if this is an amended filing
Official Form	106Dec			· ·
Declaration	About an I	ndividual Deb	tor's Schedules	12/15
If two married peo	ople are filing to	gether, both are equa	ally responsible for supplying o	correct information.
•				
concealing proper	rty, or obtaining	money or property b	schedules or amended schedul by fraud in connection with a ba 18 U.S.C. §§ 152, 1341, 1519, a	ankruptcy case can result in fines up to
Sig	ın Below			
			an attauranta halmusu fill and	bhanlarantan farran 2
Did you pay o	or agree to pay	someone wno is NO i	an attorney to help you fill out	t bankruptcy forms?
☑ No				
Yes. Na	ame of person _			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under nenalt	v of poriury I de	oclare that I have read	d the summary and schedules	filed with this declaration and that they are
true and corr		sciare that i have read	a the summary and schedules	med with this declaration and that they are
	L. Johnson		Signature of Debtor 2	
	•	I	-	
Date 07/	01/2021		Date	_

MM / DD / YYYY

MM / DD / YYYY

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Fill in this inf	formation to	dentify your case	:		
Debtor 1	Jamie	L.	Johnson		
	First Name	Middle Name	Last Name	_	
Debtor 2				_	
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	or the: WESTERN DIS	ST. OF PENNSYLVANIA	_	
Case number				☐ Check if this is an	
(if known)			-	amended filing	
Official Form	107				
		Affairs for Ind	ividuals Filing for I	Bankruntev	04/19
Part 1: Giv	ve Details Ab		question. Status and Where You L	Lived Before	
✓ Not marri	ed				
2. During the la √INo	st 3 years, have	you lived anywhere o	ther than where you live no	w?	
	all of the places	you lived in the last 3 y	rears. Do not include where ye	ou live now.	
(Community p	• •	•	• .	community property state or territory? iana, Nevada, New Mexico, Puerto Rico, Texas,	
☑ No					
☐ Yes. Mal	ke sure you fill οι	it Schedule H: Your Co	debtors (Official Form 106H).		

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Debtor 1		Jamie L. Johnson	Case number (if known)					
Р	art 2:	Explain the Sources of Y	our Income					
4.	Fill in the	u have any income from employr ne total amount of income you receive filing a joint case and you have so. Fill in the details.	eived from all jobs and all bu	ısinesses, including par	t-time activities.	llendar years?		
			Debtor 1		Debtor 2			
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions		
From January 1 of the current year until the date you filed for bankruptcy:		-	✓ Wages, commissions, bonuses, tips☐ Operating a business	\$18,095.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business			
		calendar year: December 31, 2020)	✓ Wages, commissions, bonuses, tips☐ Operating a business	\$34,557.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business			
For the calendar year before that: (January 1 to December 31, 2019)		December 31, 2019)	✓ Wages, commissions, bonuses, tips✓ Operating a business		Wages, commissions, bonuses, tips Operating a business			
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.							
	List ead	ch source and the gross income fro	om each source separately.	Do not include income	that you listed in line 4.			
	✓ No ☐ Yes	s. Fill in the details.						

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Debtor 1		Jamie L. Johnson	Case number (if known)					
P	art 3:	List Certain Payments You Made Before	e You Filed for Bankruntcy					
6.		Are either Debtor 1's or Debtor 2's debts primarily consumer debts?						
	□ No.		sumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as					
		During the 90 days before you filed for bankruptcy	did you pay any creditor a total of \$6,825* or more?					
		☐ No. Go to line 7.						
		total amount you paid that creditor. Do no	d a total of \$6,825* or more in one or more payments and the ot include payments for domestic support obligations, such as include payments to an attorney for this bankruptcy case.					
		* Subject to adjustment on 4/01/22 and every 3 yes	ars after that for cases filed on or after the date of adjustment.					
	☑ Yes	Debtor 1 or Debtor 2 or both have primarily con	sumer debts.					
		During the 90 days before you filed for bankruptcy	did you pay any creditor a total of \$600 or more?					
		✓ No. Go to line 7.						
			d a total of \$600 or more and the total amount you paid that mestic support obligations, such as child support and alimony. ney for this bankruptcy case.					
7.	Insiders corporat agent, ir	include your relatives; any general partners; relatives tions of which you are an officer, director, person in co	ke a payment on a debt you owed anyone who was an insider? s of any general partners; partnerships of which you are a general partner; ontrol, or owner of 20% or more of their voting securities; and any managing prietor. 11 U.S.C. § 101. Include payments for domestic support obligations					
	✓ No ☐ Yes	:. List all payments to an insider.						
8.		1 year before you filed for bankruptcy, did you mal ed an insider?	ce any payments or transfer any property on account of a debt that					
	Include	payments on debts guaranteed or cosigned by an ins	der.					
	✓ No ☐ Yes	List all payments that benefited an insider.						
Р	art 4:	Identify Legal Actions, Repossessions,	and Foreclosures					
9.	List all s		party in any lawsuit, court action, or administrative proceeding? aims actions, divorces, collection suits, paternity actions, support or custody					
	☑ No □ Yes	s. Fill in the details.						

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Deb	tor 1	Jamie L. Johnson	Case number (if known)
10.	seized,	1 year before you filed for bankruptcy, was any of your property repos or levied? all that apply and fill in the details below.	sessed, foreclosed, garnished, attached,
	Ľ	. Go to line 11. s. Fill in the information below.	
11.		90 days before you filed for bankruptcy, did any creditor, including a k ts from your accounts or refuse to make a payment because you owed	The state of the s
	✓ No ☐ Yes	s. Fill in the details.	
12.		1 year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official?	possession of an assignee for the benefit of
	✓ No ☐ Yes	3	
Pa	art 5:	List Certain Gifts and Contributions	
13.	Within	2 years before you filed for bankruptcy, did you give any gifts with a to	otal value of more than \$600 per person?
	✓ No ☐ Yes	s. Fill in the details for each gift.	
14.		2 years before you filed for bankruptcy, did you give any gifts or contr charity?	ibutions with a total value of more than \$600
	✓ No ☐ Yes	s. Fill in the details for each gift or contribution.	
Pa	art 6:	List Certain Losses	
15.		1 year before you filed for bankruptcy or since you filed for bankruptc lisaster, or gambling?	y, did you lose anything because of theft, fire,
	✓ No ☐ Yes	s. Fill in the details.	

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Part 7: List Certain Payments or		Jamie L. Johnson			Case number (if I	Case number (if known)			
		Transfers							
16.					uptcy, did you or anyone on the contract of th	else acting on your behalf pay eankruptcy petition?	or transfer any pro	perty to	
	Include	any attorney	s, bankr	uptcy petition	preparers, or credit counse	ling agencies for services requi	red for your bankrupt	cy.	
	□ No ✓ Yes	. Fill in the	details.						
	o F. Pel	uso, Attor	ney At	Law	Description and value	of any property transferred	Date payment or transfer was made	Amount of payment	
		Place - S	uite A				06/08/2021	\$1,495.00	
Num	ber Stre	eet			_				
269	2 Leech	burg Roa	d		_				
Lov	ver Buri	rell	PA	15068					
City			State	ZIP Code					
Ema	il or websit	e address			_				
Dava	an \//ha M	ade the Paym	ant if Nat	Vari	_				
		,	,		intev did vou or anyone	else acting on your behalf pay	or transfer any pro	nerty to	
		-	-			nake payments to your credite		perty to	
	Do not i	nclude any բ	payment	or transfer tha	at you listed on line 16.				
	✓ No ☐ Yes	. Fill in the	details.						
18.		•	•		ruptcy, did you sell, trade rse of your business or fi	or otherwise transfer any pronancial affairs?	operty to anyone, ot	her than	
		Ū			rs made as security (such a have already listed on this	s granting of a security interest statement.	or mortgage on your	property).	
	✓ No ☐ Yes	. Fill in the	details.						
19.		-	-		kruptcy, did you transfer and called asset-protection de	any property to a self-settled tevices.)	rust or similar devic	ce of which	
	✓ No ☐ Yes	. Fill in the	details.						

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Deb	tor 1	Jamie L. Johnson	Case number (if known)
Pa	art 8:	List Certain Financial Accounts, Instruments, Safe Dep	osit Boxes, and Storage Units
20.		1 year before you filed for bankruptcy, were any financial accounts or closed, sold, moved, or transferred?	instruments held in your name, or for your
		checking, savings, money market, or other financial accounts; certificates pension funds, cooperatives, associations, and other financial institutions	·
	✓ No ☐ Yes	s. Fill in the details.	
21.	•	now have, or did you have within 1 year before you filed for bankrupt urities, cash, or other valuables?	cy, any safe deposit box or other depository
	✓ No ☐ Yes	s. Fill in the details.	
22.	✓ No	ou stored property in a storage unit or place other than your home wits. Fill in the details.	hin 1 year before you filed for bankruptcy?
Pa	art 9:	Identify Property You Hold or Control for Someone Else	Ð
23.	-	hold or control any property that someone else owns? Include any p in trust for someone.	roperty you borrowed from, are storing for,
	✓ No ☐ Yes	s. Fill in the details.	
Pa	art 10:	Give Details About Environmental Information	
For	the purp	oose of Part 10, the following definitions apply:	
ŀ	nazardou	nental law means any federal, state, or local statute or regulation conc us or toxic substance, wastes, or material into the air, land, soil, surfac g statutes or regulations controlling the cleanup of these substances,	ce water, groundwater, or other medium,
		ns any location, facility, or property as defined under any environmen or used to own, operate, or utilize it, including disposal sites.	tal law, whether you now own, operate, or
		us material means anything an environmental law defines as a hazard e, hazardous material, pollutant, contaminant, or similar item.	ous waste, hazardous substance, toxic
Rep	ort all n	otices, releases, and proceedings that you know about, regardless of	when they occurred.
24.	Has any law?	y governmental unit notified you that you may be liable or potentially l	iable under or in violation of an environmental
	✓ No ☐ Yes	s. Fill in the details.	

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Deb	otor 1	Jamie L. Johnson	Case number (if known)
25.	Have y	ou notified any governmental unit of any rel	ease of hazardous material?
	☑ No	-	
	☐ Ye	s. Fill in the details.	
26.	Have y orders		tive proceeding under any environmental law? Include settlements and
	☑ No		
	☐ Ye	s. Fill in the details.	
Ρ	art 11:	Give Details About Your Business	or Connections to Any Business
27.	Within busine		you own a business or have any of the following connections to any
		A sole proprietor or self-employed in a trade,	profession, or other activity, either full-time or part-time
		A member of a limited liability company (LLC) or limited liability partnership (LLP)
		A partner in a partnership An officer, director, or managing executive of	a corporation
		An owner of at least 5% of the voting or equit	
	№ No	None of the above applies. Go to Part 12.	
		s. Check all that apply above and fill in the det	ails below for each business.
28.		2 years before you filed for bankruptcy, did ncial institutions, creditors, or other parties.	you give a financial statement to anyone about your business? Include
	□ No □ Ye	s. Fill in the details below.	
Р	art 12:	Sign Below	
			Affairs and any attachments, and I declare under penalty of perjury
			iking a false statement, concealing property, or obtaining money or
-		fraud in connection with a bankruptcy case U.S.C. §§ 152, 1341, 1519, and 3571.	can result in fines up to \$250,000, or imprisonment for up to 20 years,
01 1	JOIII. 10	0.3.0. 99 132, 1341, 1319, and 3371.	
X	/s/ Jam	ie L. Johnson X	
•	Jamie L.	Johnson, Debtor 1	Signature of Debtor 2
I	Date _	07/01/2021	Date
Did	you atta	ach additional pages to Your Statement of Fi	nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
abla	No		
	Yes		
Did	you pay	or agree to pay someone who is not an atto	orney to help you fill out bankruptcy forms?
Ø			Attack to D. C.
	Yes. Na	ame of person	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
			,

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Fill in this inf	Fill in this information to identify your case:				
Debtor 1	Jamie First Name	L. Middle Name	Johnson Last Name		
Debtor 2	i iist ivairie	Middle Ivairie	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the	WESTERN DIST.	OF PENNSYLVANIA		
Case number (if known)					

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

١.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.					
	Identify the creditor and the property that is collateral			at do you intend to do with the perty that secures a debt?	Did you claim the property as exempt on Schedule C?	
	Creditor's name:	Exeter		Surrender the property. Retain the property and redeem it.		No Yes
	Description of property securing debt:	2016 Toyota Camry		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Debtor will continue making pays reaffirming.	men	ts to creditor without
	Creditor's name:	Mr. Cooper		Surrender the property. Retain the property and redeem it.		No Yes
	Description of property securing debt:	1007 Hancock Avenue, Vandergrift, PA 15690		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Debtor will continue making payreaffirming.	men	ts to creditor without

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Del	Identify the creditor and the property that is collateral			Case number (if known)					
				at do you intend to do with the perty that secures a debt?	Did you claim the property as exempt on Schedule C?				
	Creditor's name:	SPS		Surrender the property. Retain the property and redeem it.	□ No □ Yes				
	Description of property	1007 Hancock Avenue, Vandergrift, PA 15690		Retain the property and enter into a Reaffirmation Agreement.					
	securing debt:		☑	Retain the property and [explain]: Debtor will continue making pay reaffirming.	ments to creditor without				
P	art 2: List	Your Unexpired Personal Property L	ease	98					
fill	For any unexpired personal property lease that you listed in <i>Schedule G: Executory Contracts and Unexpired Leases</i> (Official Form 106G), ill in the information below. Do not list real estate leases. <i>Unexpired leases</i> are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).								
Describe your unexpired personal property leases					Will this lease be assumed?				
	None.								
P	art 3: Sign	Below							
	Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.								
X	/s/ Jamie L. Jo	hnson X							
	Jamie L. Johnsor	n, Debtor 1 Signatur	re of [Debtor 2					
	Date 07/01/202		4N4 / F	DD / YYYY					

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA PITTSBURGH DIVISION

In re Jamie L. Johnson	Case No.	
	Chapter	7
DISCLOSURE OF COMPENSA	TION OF ATTORNEY FOR	R DEBTOR
 Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) that compensation paid to me within one year before the fi services rendered or to be rendered on behalf of the debto is as follows: 	iling of the petition in bankruptcy, or	agreed to be paid to me, for
For legal services, I have agreed to accept	\$	1,495.00
Prior to the filing of this statement I have received	<u>\$</u>	1,495.00
Balance Due		\$0.00
2. The source of the compensation paid to me was:		
✓ Debtor Other (specify)		
3. The source of compensation to be paid to me is:		
☐ Debtor ☐ Other (specify)		
 I have not agreed to share the above-disclosed comp associates of my law firm. 	ensation with any other person unle	ess they are members and
☐ I have agreed to share the above-disclosed compens associates of my law firm. A copy of the agreement, to compensation, is attached.		
5. In return for the above-disclosed fee, I have agreed to ren	der legal service for all aspects of th	ne bankruptcy case, including:
 a. Analysis of the debtor's financial situation, and renderir bankruptcy; 	ng advice to the debtor in determinin	g whether to file a petition in
b. Preparation and filing of any petition, schedules, staten	nents of affairs and plan which may	be required;
c. Representation of the debtor at the meeting of creditors	s and confirmation hearing, and any	adjourned hearings thereof;
d. [Other provisions as needed]		

Representation of the Debtor(s) at the meeting of creditors only.

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B2030 (Form 2030) (12/15)

- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
 - These services shall be deemed to be additional services:
 - 1. Attendance at any additional First Meeting(s) of Creditors, or hearings, scheduled by the Court;
 - 2. Preparation and filing of any Amendment(s) to Voluntary Petition which may be necessary;
 - 3. Preparation and filing of any Motion(s), including a Motion To Avoid Judgment Lien(s), 506 action(s), etc.;
 - 4. Response(s) and representation in relation to any inquiry or action initiated by the Chapter 7 Trustee's Office.
 - 5. Response(s) and representation in relation to any inquiry or action initiated by the United States Trustee's
 - 6. The defense of any action initiated by Creditor(s), or any third parties, the Chapter 7 Trustee's Office and/or the United States Trustee's Office.

Any additional services, which may be required, shall be billed at the rate of \$150.00 per hour.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for

07/01/2021	/s/ Gino F. Peluso, Esq.	
Date	Gino F. Peluso, Esq. Gino F. Peluso, Attorney At Law One Peluso Place - Suite A 2692 Leechburg Road Lower Burrell, PA 15068 Phone: (724) 339-8710 / Fax: (724) 3	Bar No. 33740

/s/ Jamie L. Johnson

Jamie L. Johnson

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F	ill in thi	s information to i	dentify your case	:		e box only as dire		
_	ebtor 1	Jamie		Johnson	form and	in Form 122A-1Su	ipp:	
	eptor i	First Name	Middle Name	Last Name	1. There is	no presumption of abu	se.	
	ebtor 2 Spouse, if	filing) First Name	Middle Name	Last Name	of abuse	ulation to determine if a applies will be made u est Calculation (Officia	inder Chapter 7	
С	nited Stat ase numb f known)		r the: WESTERN DI S	ST. OF PENNSYLVANIA	. │ │	ns Test does not apply ed military service but	now because	
					Check if t	his is an amended filin	g	
Of	fficial F	orm 122A-1						
CI	napter	7 Statement o	f Your Current	Monthly Income			04/20	
accinfo are mil 122	curate. If ormation exempte itary serv	more space is needed applies. On the top o d from a presumption rice, complete and file) with this form.	d, attach a separate s f any additional page of abuse because yo	ed people are filing together, heet to this form. Include the s, write your name and case ou do not have primarily constion from Presumption of Abonicome	e line number to v number (if known sumer debts or be	which the additional n). If you believe that ecause of qualifying		
_								
1.	What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11.							
	— w			ill and hadb Calmana A and D. I	in 0 44			
	Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.							
	Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.							
		_						
		declare under penalt	y of perjury that you an	d. Fill out Column A, lines 2-11 d your spouse are legally sepa s that do not include evading the	rated under nonb	ankruptcy law that appl	ies or that you	
	bankrup August in the re	otcy case. 11 U.S.C. and 31. If the amount of your sult. Do not include an	§ 101(10A). For exampur monthly income varue income amount more	ed from all sources, derived on ple, if you are filing on Septem ited during the 6 months, add the than once. For example, if by have nothing to report for any leads to the control of th	ber 15, the 6-month ne income for all 6 oth spouses own t	th period would be Mar months and divide the he same rental propert	ch 1 through total by 6. Fill	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse		
2.		oss wages, salary, tip all payroll deductions).	s, bonuses, overtime	, and commissions	\$3,015.83			
3.	Alimon		yments. Do not inclu	de payments from a spouse	\$0.00			
4.	expens regular your de	pendents, parents, and e only if Column B is n	endents, including ch nmarried partner, mem roommates. Include r		\$0.00			

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Deb	otor 1 Jamie L. Johnson			c	ase number (if k	nown)
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse
5.	Net income from operating a busine	ess, profession, o	r farm			
		Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$0.00		_		
	Ordinary and necessary operating - expenses	\$0.00		- Conv		
	Net monthly income from a business, profession, or farm	\$0.00		Copy _ here →	\$0.00	
6.	Net income from rental and other re	eal property				
		Debtor 1	Debtor 2			
	Gross receipts (before all deductions)	\$0.00		_		
	Ordinary and necessary operating expenses	\$0.00	-	- Copy		
	Net monthly income from rental or other real property	\$0.00		here	\$0.00	
7.	Interest, dividends, and royalties				\$0.00	
8.	Unemployment compensation				\$0.00	
	Do not enter the amount if you content benefit under the Social Security Act.					
	For you		\$0	.00		
	For your spouse					
9.	Pension or retirement income. Do not was a benefit under the Social Securit next sentence, do not include any contail allowance paid by the United States of disability, combat-related injury or discuniformed services. If you received a of title 10, then include that pay only to amount of retired pay to which you wounder any provision of title 10 other the	ty Act. Also, excep npensation, pension Government in con- ability, or death of ny retired pay paic o extent that it doe ould otherwise be e	ot as stated in the on, pay, annuity, on ection with a a member of the dunder chapter 6 as not exceed the entitled if retired	e or 1	\$0.00	

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Deb	otor 1	Ja	mie L. Johnson		C	ase number (if kı	nown)		
						Column A Debtor 1	Column B Debtor 2 o		
10.	amount paymen declare (50 U.S (COVID humani pay, and connect membe	t. Donts ned by S.C. O-19) ity, on the original terms of	m all other sources not listed above on the include any benefits received unnade under the Federal law relating to the President under the National Emeration (Section 2), with respect to the coron (Section 3); payments received as a victim of a vor international or domestic terrorism; or allowance paid by the United Stat with a disability, combat-related injury the uniformed services. If necessary, age and put the total below.	der the Social Security Act; the national emergency ergencies Act navirus disease 2019 war crime, a crime against or compensation, pension, tes Government in or disability, or death of a					
11.	Calcula Add line	ate y es 2	nts from separate pages, if any. /our total current monthly income. through 10 for each column. ne total for Column A to the total for Co	olumn B.	+	\$3,015.83	+		\$3,015.83 Total current monthly income
Ρ	art 2:		Determine Whether the Means	Test Applies to You					
12.	Calcula	ate y	our current monthly income for the	year. Follow these steps:					
	12a. (Сору	y your total current monthly income fro	m line 11		Copy lir	ne 11 here	→ 12a.	\$3,015.83
	N	Multi	ply by 12 (the number of months in a y	year).					X 12
	12b. T	The	result is your annual income for this pa	art of the form.				12b.	\$36,189.96
13.	Calcula	ate t	he median family income that applie	es to you. Follow these steps:					
	Fill in th	ne st	ate in which you live.	Pennsylvania					
	Fill in th	ne nı	umber of people in your household.	3					
	Fill in the median family income for your state and size of household							13.	\$88,293.00
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.									
14.	How do	o the	e lines compare?						
		V	Line 12b is less than or equal to line 1 Go to Part 3. Do NOT fill out or file O		box	1, There is no pr	esumption o	f abuse.	
	^{14b.} [Line 12b is more than line 13. On the Go to Part 3 and fill out Form 122A-2.	top of page 1, check box 2, The	pre	sumption of abu	se is determ	ined by Fo	orm 122A-2.

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Debtor 1	Jamie L. Johnson	Case number (if known)
Part 3:	Sign Below	
By si	igning here, I declare under penalty of perjur	y that the information on this statement and in any attachments is true and correct.
X /s	s/ Jamie L. Johnson	X
J	amie L. Johnson, Debtor 1	Signature of Debtor 2
D	Date 7/1/2021	Date
	MM / DD / YYYY	MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.